

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Rose
First name

Marie
Middle name

Bring your picture identification to your meeting with the trustee.

Cerda
Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Alonzo
First name

Middle name

Cerda
Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-9779

xxx-xx-5478

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live

**2522 Wesley Ave
Berwyn, IL 60402-2513**

Number, Street, City, State & ZIP Code

Cook

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee *■ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.*

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years? No.
 Yes.

District _____ When _____ Case number _____
District _____ When _____ Case number _____
District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? No
 Yes.

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____

11. Do you rent your residence? No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

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I am not required to receive a briefing about credit counseling because of:

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I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

| | | | |
|---|--|--|--|
| 16. What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | |
| | <input type="checkbox"/> No. Go to line 16b. | | |
| | <input checked="" type="checkbox"/> Yes. Go to line 17. | | |
| 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | |
| | <input type="checkbox"/> No. Go to line 16c. | | |
| | <input type="checkbox"/> Yes. Go to line 17. | | |
| 16c. | State the type of debts you owe that are not consumer debts or business debts | | |
| <hr/> | | | |
| 17. Are you filing under Chapter 7? | <input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. | | |
| Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | |
| | <input type="checkbox"/> No | | |
| | <input checked="" type="checkbox"/> Yes | | |
| 18. How many Creditors do you estimate that you owe? | <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 | <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000 |
| 19. How much do you estimate your assets to be worth? | <input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |
| 20. How much do you estimate your liabilities to be? | <input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Rose Marie Cerda

Rose Marie Cerda

Signature of Debtor 1

/s/ Alonzo Cerda

Alonzo Cerda

Signature of Debtor 2

Executed on July 22, 2018
MM / DD / YYYY

Executed on July 22, 2018
MM / DD / YYYY

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ James J. Haller

Signature of Attorney for Debtor

Date

July 22, 2018

MM / DD / YYYY

James J. Haller

Printed name

James J. Haller Attorney at Law

Firm name

PO Box 626

Mundelein, IL 60060-0626

Number, Street, City, State & ZIP Code

Contact phone (847) 325-5008

Email address

jhaller@hallerlawgroup.com

6226796 Illinois

Bar number & State

Fill in this information to identify your case:

| | | | |
|---|---|-------------|-----------|
| Debtor 1 | Rose Marie Cerdá | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Alonzo Cerdá | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | | Your assets |
|-----|---|-----------------------|
| | | Value of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) | |
| 1a. | Copy line 55, Total real estate, from Schedule A/B..... | \$ 242,000.00 |
| 1b. | Copy line 62, Total personal property, from Schedule A/B..... | \$ 230,486.60 |
| 1c. | Copy line 63, Total of all property on Schedule A/B..... | \$ 472,486.60 |

Part 2: Summarize Your Liabilities

| | | Your liabilities |
|-----|--|-------------------------------|
| | | Amount you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | |
| 2a. | Copy the total you listed in Column A of claim at the bottom of the last page of Part 1 of Schedule D... | \$ 249,913.47 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | |
| 3a. | Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... | \$ 8,070.32 |
| 3b. | Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... | \$ 329,473.00 |
| | | Your total liabilities |
| | | \$ 587,456.79 |

Part 3: Summarize Your Income and Expenses

| | | |
|----|---|--------------------|
| 4. | Schedule I: Your Income (Official Form 106I) | |
| | Copy your combined monthly income from line 12 of Schedule I..... | \$ 6,868.65 |
| 5. | Schedule J: Your Expenses (Official Form 106J) | |
| | Copy your monthly expenses from line 22c of Schedule J..... | \$ 7,092.19 |

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1

Debtor 2 **Cerda, Rose Marie & Cerda, Alonzo**

Case number (if known)

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **9,447.30**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

| | Total claim |
|--|----------------------|
| From Part 4 on Schedule E/F, copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ 8,070.32 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ 171,287.65 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ 179,357.97 |

Debtor 1
Debtor 2

Cerda, Rose Marie & Cerda, Alonzo

Case number (if known)

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

| | | | |
|--|--|--|--|
| 3.1 Make: Chevrolet Model: Cavalier Year: 1998 Approximate mileage: 100000 Other information: Value based on Debtors' estimate | Who has an interest in the property? Check one <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions) | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> . | |
| | | Current value of the entire property? | Current value of the portion you own? |
| | | \$300.00 | \$300.00 |
| 3.2 Make: Nissan Model: Sentra Year: 2015 Approximate mileage: _____ Other information: VIN#: 3N1AB7AP9ff157441 | Who has an interest in the property? Check one <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions) | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> . | |
| | | Current value of the entire property? | Current value of the portion you own? |
| | | \$12,613.98 | \$12,613.98 |
| 3.3 Make: Nissan Model: Rogue Select AWD Year: 2015 Approximate mileage: 25000 Other information: VIN#: JN8AS5MV8FW767137 | Who has an interest in the property? Check one <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions) | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> . | |
| | | Current value of the entire property? | Current value of the portion you own? |
| | | \$16,556.25 | \$16,556.25 |

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$29,470.23

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.....

Sofas, loveseats, entertainment center, coffee table, end tables, kitchen table and chairs, dining room table and chairs, china, two beds, dressers, lamps, refrigerator, freezer, stove, microwave, dish washer, washer and dryer, dishes and flatware, pots and pans, lawnmower, yard tools.

\$1,460.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

TVs: 55', 40' old box, 32' old box, 28'; 3 dvd players, PC, laptop, printer, digital camara, camcorder, music collection, stereo, telephone, cell phones

\$430.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

White Sox signed bat

\$60.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

treadmill, elipitical, 2 bikes

\$150.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Clothing for three adults

\$150.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

Wedding rings, rings, earrings, necklaces, bracelets

\$2,500.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

Dog

\$100.00

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$4,850.00

Part 4: Describe Your Financial Assets

Debtor 1
Debtor 2

Cerda, Rose Marie & Cerda, Alonzo

Case number (if known)

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes.....

Institution name:

| | | |
|-------------------------------|--|----------|
| 17.1. Checking Account | Bank of America 1908 Balance as of 7/22/18 | \$82.14 |
| 17.2. Savings Account | Bank of America 1944 Balance as of 7/22/18 | \$100.92 |
| 17.3. Checking Account | Chase Bank 2006 Balance as of 7/22/18 | \$541.20 |
| 17.4. Savings Account | Chase Bank 8019 Balance as of 7/22/18 | \$146.18 |
| 17.5. Checking Account | PNC Bank Acct # 7642 Balance as of 7/23/18 | \$61.91 |
| 17.6. Checking Account | PNC Bank 7677 "Growth" account Balance as of 7/22/18 | \$50.00 |
| 17.7. Savings Account | PNC Bank "Reserve" account 7669 Balance as of 7/22/18 | \$118.21 |
| 17.8. Checking Account | Bank of America 2112 Joint account with Rose Cerda and Anthony Cerda (son). (income from Anthony only). Balance as of 7/22/18. | \$0.00 |
| 17.9. Checking Account | Newmark C.U. #75 Balance as of 7/22/18 | \$32.90 |
| 17.10 Other Financial Account | Newmark C.U. #01 "Prime Share" Balance as of 7/22/18 | \$5.00 |
| 17.11 Savings Account | Newmark C.U. #07 "Goal Saver" Balance as of 7/22/18 | \$220.00 |

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes.....

Institution or issuer name:

Debtor 1
Debtor 2

Cerda, Rose Marie & Cerda, Alonzo

Case number (if known)

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

| Type of account: | Institution name: | |
|-------------------------------|---|--------------------|
| 401(k) or Similar Plan | Mass Mutual IRA/401k through employment 0001 | \$37,617.18 |
| IRA | Conseco/Washington National 9117 Rose Cerda's IRA | \$2,405.78 |
| IRA | Chase Bank 4504 | \$4,130.40 |
| 401(k) or Similar Plan | JP Morgan 401k # 0629 | \$48,564.24 |
| IRA | Chase Bank IRA #8958 | \$4,144.06 |
| IRA | Conseco/Washington Mutual/Washington National Insurance Company Alonzo Cerda's IRA | \$24,607.98 |

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

 No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.

| Company name: | Beneficiary: | Surrender or refund value: |
|---|---------------|----------------------------|
| <u>One American Life Insurance 4738 Term Policy</u> | <u>Spouse</u> | <u>\$0.00</u> |
| <u>Colonial Life Insurance 2027 Term Insurance</u> | <u>Spouse</u> | <u>\$0.00</u> |
| <u>State Farm Insurance 2413 Whole Life Insurance Policy</u> | | <u>\$13,608.79</u> |
| <u>Pan American Life 1440 Whole Life Policy</u> | | <u>\$14,610.77</u> |
| <u>Local 734 Union Term Policy</u> | <u>Spouse</u> | <u>\$0.00</u> |
| <u>State Farm 2816 Whole Life Insurance Payment</u> | <u>Spouse</u> | <u>\$6,507.83</u> |
| <u>Pan American 1430 Whole Life</u> | <u>Spouse</u> | <u>\$2,032.07</u> |
| <u>Athene Annuity and Life Company Insured is son V.Cerda (adult)</u> | | <u>\$3,711.48</u> |
| <u>Pan American Life #0260 Insured is son A.Cerda (adult)</u> | | <u>\$8,598.61</u> |

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No

Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

35. Any financial assets you did not already list

No

Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$171,897.65

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Yes. Give specific information.....

Membership in Diamond Resorts U.S. Collection (the "Collection") which includes (i) membership in the Diamond Resorts U.S. Collection Members Association, a non-stock, non-profit Delaware corporation whose principal place of business is located in Clark County, Nevada and (ii) Points for use in the Collection.

\$24,238.72

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$24,238.72

Part 8: List the Totals of Each Part of this Form

| | |
|--|--|
| 55. Part 1: Total real estate, line 2 | \$242,000.00 |
| 56. Part 2: Total vehicles, line 5 | \$29,470.23 |
| 57. Part 3: Total personal and household items, line 15 | \$4,850.00 |
| 58. Part 4: Total financial assets, line 36 | \$171,897.65 |
| 59. Part 5: Total business-related property, line 45 | \$0.00 |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$0.00 |
| 61. Part 7: Total other property not listed, line 54 | + \$24,238.72 |
| 62. Total personal property. Add lines 56 through 61... | \$230,456.60 |
| | Copy personal property total \$230,456.60 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | \$472,456.60 |

Fill in this information to identify your case:

| | | | |
|---|---|-------------|-----------|
| Debtor 1 | Rose Marie Cerdá | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|--|--|------------------------------------|
| | Copy the value from <i>Schedule A/B</i> | Check only one box for each exemption. | |

Debtor 1 Exemptions

| | | | |
|---|--------------|--|-----------------------|
| 2522 Wesley Ave Berwyn IL, 60402-2513 Line from <i>Schedule A/B</i> 1.1 | \$242,000.00 | <input checked="" type="checkbox"/> \$30,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-901 |
| Chevrolet Cavalier 1998 100000 Line from <i>Schedule A/B</i> 3.1 | \$300.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c) |
| Sofas, loveseats, entertainment center, coffee table, end tables, kitchen table and chairs, dining room table and chairs, china, two beds, dressers, lamps, refrigerator, freezer, stove, microwave, dish washer, washer and dryer, dishes and flatware, pots and pans Line from <i>Schedule A/B</i> 6.1 | \$1,460.00 | <input checked="" type="checkbox"/> \$1,460.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|--|--|---|------------------------------------|
| TVs: 55', 40' old box, 32' old box, 28'; 3 dvd players, PC, laptop, printer, digital camara, camcorder, music collection, stereo, telephone, cell phones Line from Schedule A/B: 7.1 | <u>\$430.00</u> | <input checked="" type="checkbox"/> \$430.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| treadmill, eliptical, 2 bikes Line from Schedule A/B: 9.1 | <u>\$150.00</u> | <input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Clothing for three adults Line from Schedule A/B: 11.1 | <u>\$150.00</u> | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a) |
| Wedding rings, rings, earrings, necklaces, bracelets Line from Schedule A/B: 12.1 | <u>\$2,500.00</u> | <input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Dog Line from Schedule A/B: 13.1 | <u>\$100.00</u> | <input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Bank of America 1908 Balance as of 7/22/18 Line from Schedule A/B: 17.1 | <u>\$82.14</u> | <input checked="" type="checkbox"/> \$82.14 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Bank of America 1944 Balance as of 7/22/18 Line from Schedule A/B: 17.2 | <u>\$100.92</u> | <input checked="" type="checkbox"/> \$100.92 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Chase Bank 2006 Balance as of 7/22/18 Line from Schedule A/B: 17.3 | <u>\$541.20</u> | <input checked="" type="checkbox"/> \$541.20 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Chase Bank 8019 Balance as of 7/22/18 Line from Schedule A/B: 17.4 | <u>\$146.18</u> | <input checked="" type="checkbox"/> \$146.18 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| PNC Bank Acct # 7642 Balance as of 7/23/18 Line from Schedule A/B: 17.5 | <u>\$61.91</u> | <input checked="" type="checkbox"/> \$61.91 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| PNC Bank 7677 "Growth" account Balance as of 7/22/18 Line from Schedule A/B: 17.6 | <u>\$50.00</u> | <input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|--|--|---|------------------------------------|
| PNC Bank "Reserve" account 7669 Balance as of 7/22/18 Line from Schedule A/B: 17.7 | <u>\$118.21</u> | <input checked="" type="checkbox"/> <u>\$118.21</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Newmark C.U. #75 Balance as of 7/22/18 Line from Schedule A/B: 17.9 | <u>\$32.90</u> | <input checked="" type="checkbox"/> <u>\$65.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Newmark C.U. #01 "Prime Share" Balance as of 7/22/18 Line from Schedule A/B: 17.10 | <u>\$5.00</u> | <input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Newmark C.U. #07 "Goal Saver" Balance as of 7/22/18 Line from Schedule A/B: 17.11 | <u>\$220.00</u> | <input checked="" type="checkbox"/> <u>\$730.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Mass Mutual IRA/401k through employment 0001 Line from Schedule A/B: 21.1 | <u>\$37,617.18</u> | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1006 |
| Conseco/Washington National 9117 Rose Cerdas IRA Line from Schedule A/B: 21.2 | <u>\$2,405.78</u> | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1006 |
| Chase Bank 4504 Line from Schedule A/B: 21.3 | <u>\$4,130.40</u> | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1006 |
| JP Morgan 401k # 0629 Line from Schedule A/B: 21.4 | <u>\$48,564.24</u> | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1006 |
| Chase Bank IRA #8958 Line from Schedule A/B: 21.5 | <u>\$4,144.06</u> | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1006 |
| Conseco/Washington Mutual/Washington National Insurance Company Alonzo Cerdas IRA Line from Schedule A/B: 21.6 | <u>\$24,607.98</u> | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1006 |
| State Farm Insurance 2413 Whole Life Insurance Policy Line from Schedule A/B: 31.3 | <u>\$13,608.79</u> | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 215 ILCS 5/238 |
| Pan American Life 1440 Whole Life Policy Line from Schedule A/B: 31.4 | <u>\$14,610.77</u> | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 215 ILCS 5/238 |

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|---|------------------------------------|
| Local 734 Union Term Policy Line from Schedule A/B: 31.5 | \$0.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 215 ILCS 5/238 |
| State Farm 2816 Whole Life Insurance Payment Line from Schedule A/B: 31.6 | \$6,507.83 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 215 ILCS 5/238 |
| Pan American 1430 Whole Life Line from Schedule A/B: 31.7 | \$2,032.07 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 215 ILCS 5/238 |

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Fill in this information to identify your case:

| | | | |
|---|---|-------------|-----------|
| Debtor 1 | First Name | Middle Name | Last Name |
| Debtor 2 | Alonzo Cerdá | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|--|--|------------------------------------|
| | Copy the value from <i>Schedule A/B</i> | Check only one box for each exemption. | |

Debtor 2 Exemptions

Brief description:
Line from *Schedule A/B*

 100% of fair market value, up to
any applicable statutory limit

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Fill in this information to identify your case:

| | | | |
|---|---|-------------|-----------|
| Debtor 1 | Rose Marie Cerdá | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Alonzo Cerdá | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A | Column B | Column C |
|--|--|--------------------------------|
| Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| \$0.00 | \$0.00 | \$0.00 |

2.1 **Bank America**

Creditor's Name

**PO Box 5170
Simi Valley, CA
93062-5170**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

Mortgage account Notice only

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred **2007-08**

Last 4 digits of account number **7813**

2.2 **Bank of America**

Creditor's Name

**NC4-105-03-14
PO Box 26012
Greensboro, NC
27420-6012**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**2522 Wesley Ave, Berwyn, IL
60402-2513
PIN: 16-30-225-022-0000 Value from
Certified Market Analysis
performed by Denise Pav of Pav
Realtors in September 2017.
Suggested listing range given
is \$239,900.00 to \$244,000.00.
Deferred maintenance**

| | | |
|---------------------|---------------------|---------------|
| \$196,504.52 | \$242,000.00 | \$0.00 |
|---------------------|---------------------|---------------|

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)

Debtor 1 **Rose Marie Cerdá**

First Name Middle Name Last Name

Case number (if known) _____

Debtor 2 **Alonzo Cerdá**

First Name Middle Name Last Name

At least one of the debtors and another

Check if this claim relates to a community debt

Judgment lien from a lawsuit

Other (including a right to offset) _____

Date debt was incurred **2012-08**

Last 4 digits of account number **9848**

2.3 Bank of America

Creditor's Name

**NC4-105-03-14
PO Box 26012
Greensboro, NC
27420-6012**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

\$0.00 \$0.00 \$0.00

Mortgage account Notice only

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred **2009-03-30**

Last 4 digits of account number **8021**

2.4 Bank of America

Creditor's Name

**NC4-102-03-14
PO Box 26012
Greensboro, NC
27420-6012**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

\$0.00 \$0.00 \$0.00

Mortgage account Notice only

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred **2007-10**

Last 4 digits of account number **3999**

2.5 Diamond Resorts US Collection Dev LLC

Creditor's Name

**10600 W Charleston Blvd
Las Vegas, NV
89135-1014**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

\$24,238.72 \$24,238.72 \$0.00

Membership in Diamond Resorts U.S. Collection (the "Collection") which includes (i) membership in the Diamond Resorts U.S. Collection Members Association, a non-stock, non-profit Delaware corporation whose principal place of business is loc

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Debtor 1 **Rose Marie Cerdá**

First Name Middle Name Last Name

Case number (if known) _____

Debtor 2 **Alonzo Cerdá**

First Name Middle Name Last Name

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt** _____

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

Date debt was incurred **02/28/2016**

Last 4 digits of account number **0213**

2.6 **Santander Consumer USA**

Creditor's Name

Describe the property that secures the claim:

**2015 Nissan Sentra
VIN#: 3N1AB7AP9ff157441**

\$12,613.98

\$12,613.98

\$0.00

**PO Box 1984
Carmel, IN 46082-1984**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt** _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number **0013**

2.7 **Santander Consumer USA**

Creditor's Name

Describe the property that secures the claim:

**2015 Nissan Rogue Select AWD
VIN#: JN8AS5MV8FW767137**

\$16,556.25

\$16,556.25

\$0.00

**PO Box 1984
Carmel, IN 46082-1984**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt** _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

Date debt was incurred **02/03/2018**

Last 4 digits of account number **1600**

Add the dollar value of your entries in Column A on this page. Write that number here: **\$249,913.47**

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: **\$249,913.47**

Part 2: List Others to Be Notified for a Debt That You Already Listed

Debtor 1 **Rose Marie Cerdá**

First Name Middle Name Last Name

Case number (if known) _____

Debtor 2 **Alonzo Cerdá**

First Name Middle Name Last Name

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name, Number, Street, City, State & Zip Code **Bank of America**
Attn: Bankruptcy Department
475 Crosspoint Pkwy
Getzville, NY 14068-1609 On which line in Part 1 did you enter the creditor? 2.2
Last 4 digits of account number 9848

Name, Number, Street, City, State & Zip Code **Bank of America**
PO Box 31785
Tampa, FL 33631-3785 On which line in Part 1 did you enter the creditor? 2.2
Last 4 digits of account number 9848

Name, Number, Street, City, State & Zip Code **Bankamerica**
4909 Savarese Cir
Tampa, FL 33634-2413 On which line in Part 1 did you enter the creditor? 2.2
Last 4 digits of account number 9848

Name, Number, Street, City, State & Zip Code **Bankamerica**
4909 Savarese Cir
Tampa, FL 33634-2413 On which line in Part 1 did you enter the creditor? 2.1
Last 4 digits of account number 7813

Name, Number, Street, City, State & Zip Code **Bankamerica**
4909 Savarese Cir
Tampa, FL 33634-2413 On which line in Part 1 did you enter the creditor? 2.3
Last 4 digits of account number 8021

Name, Number, Street, City, State & Zip Code **Bk of Amer**
4909 Savarese Cir
Tampa, FL 33634-2413 On which line in Part 1 did you enter the creditor? 2.4
Last 4 digits of account number 3999

Name, Number, Street, City, State & Zip Code **Continental Autos, Inc.**
6701 S La Grange Rd
Hodgkins, IL 60525-4840 On which line in Part 1 did you enter the creditor? 2.7
Last 4 digits of account number 1600

Fill in this information to identify your case:

| | | | |
|---|---|-------------|-----------|
| Debtor 1 | Rose Marie Cerdá | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Alonzo Cerdá | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount | |
|---|--|----------------------------|--------------------|---------------|
| 2.1 Internal Revenue Service Priority Creditor's Name | Last 4 digits of account number <u>5478</u> | <u>\$8,070.32</u> | <u>\$8,070.32</u> | <u>\$0.00</u> |
| PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code | When was the debt incurred? | <u>2015, 2016 and 2017</u> | | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Unliquidated | | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Disputed | | | |
| <input type="checkbox"/> At least one of the debtors and another | Type of PRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Domestic support obligations | | | |
| Is the claim subject to offset? | <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government | | | |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Claims for death or personal injury while you were intoxicated | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Other. Specify _____ | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 Cerda, Rose Marie & Cerda, Alonzo
 Debtor 2 _____

Case number (if known) _____

| | | | |
|--|--|---|---------------|
| 4.1 | Allen Rosenbaum MD Nonpriority Creditor's Name | Last 4 digits of account number <u>7370</u> | \$153.52 |
| 3340 Oak Park Ave Ste 304 Berwyn, IL 60402-3483 Number Street City State Zip Code | | When was the debt incurred? _____ | |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | | | |
| 4.2 | Amex Nonpriority Creditor's Name | Last 4 digits of account number <u>1443</u> | \$0.00 |
| Correspondence PO Box 981540 El Paso, TX 79998-1540 Number Street City State Zip Code | | When was the debt incurred? <u>2003-10</u> | |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | | | |
| 4.3 | Amex Nonpriority Creditor's Name | Last 4 digits of account number <u>3523</u> | \$0.00 |
| Correspondence PO Box 981540 El Paso, TX 79998-1540 Number Street City State Zip Code | | When was the debt incurred? <u>2003-04</u> | |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | | | |

Debtor 1 Cerda, Rose Marie & Cerda, Alonzo
 Debtor 2 _____

Case number (if known) _____

| | | | |
|---|--|---|---------------|
| 4.4 | Amex Nonpriority Creditor's Name Correspondence PO Box 981540 El Paso, TX 79998-1540 | Last 4 digits of account number <u>2432</u> | \$0.00 |
| Number Street City State Zip Code | | When was the debt incurred? <u>2010-01</u> | |
| <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u></p> | | | |
| <p>4.5</p> <p>Amex Nonpriority Creditor's Name Correspondence PO Box 981540 El Paso, TX 79998-1540</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u></p> | | | |
| <p>4.6</p> <p>Amex Nonpriority Creditor's Name Correspondence PO Box 981540 El Paso, TX 79998-1540</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u></p> | | | |

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
 Debtor 2 _____

Case number (if known) _____

| | | | |
|--|---|---------------------------------|-----------------|
| 4.7 | Athletico Sports Medicine Nonpriority Creditor's Name | Last 4 digits of account number | \$364.00 |
| 625 Enterprise Dr Oak Brook, IL 60523-8813 | | | |
| Number Street City State Zip Code | | | |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.8 Bank of America Nonpriority Creditor's Name NC4-105-03-14 PO Box 26012 Greensboro, NC 27420-6012 Number Street City State Zip Code | | | |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account | | | |
| 4.9 Bank of America Nonpriority Creditor's Name NC4-105-03-14 PO Box 26012 Greensboro, NC 27420-6012 Number Street City State Zip Code | | | |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account | | | |

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
Debtor 2 _____

Case number (if known) _____

| | | | |
|---|---|---|-------------------|
| 4.10 | Barclays Bank Delaware Nonpriority Creditor's Name 100 S West St Wilmington, DE 19801-5015 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 2915 When was the debt incurred? 2015-09 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | \$7,279.97 |
| Revolving account (Diamond Resorts <input checked="" type="checkbox"/> Other. Specify M.C.) | | | |
| 4.11 | Barclays Bank Delaware Nonpriority Creditor's Name 100 S West St Wilmington, DE 19801-5015 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 5298 When was the debt incurred? 2016-02 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | \$3,660.61 |
| Revolving account (Diamond Resorts <input checked="" type="checkbox"/> Other. Specify M.C.) | | | |
| 4.12 | Blue Cross Blue Shield of Illinois Nonpriority Creditor's Name PO Box 7344 Chicago, IL 60680-7344 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | \$110.99 |
| Overpayment of medical claim to Central <input checked="" type="checkbox"/> Other. Specify DuPage Hospital | | | |

Debtor 1 Cerda, Rose Marie & Cerda, Alonzo
 Debtor 2 _____

Case number (if known) _____

| | | | |
|--|--|---|------------|
| 4.13 | Cap1/bstby Nonpriority Creditor's Name Capital 1 1 Retail Svrs Attn Bankruptcy Salt Lake City, UT 84130 Number Street City State Zip Code | Last 4 digits of account number <u>2454</u> | \$459.96 |
| <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Revolving account Best Buy</u></p> | | | |
| 4.14 | Capital One Nonpriority Creditor's Name PO Box 30253 Salt Lake City, UT 84130-0253 Number Street City State Zip Code | Last 4 digits of account number <u>1916</u> | \$6,535.00 |
| <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Revolving account - Teamsters</u></p> | | | |
| 4.15 | Capital One Nonpriority Creditor's Name PO Box 30253 Salt Lake City, UT 84130-0253 Number Street City State Zip Code | Last 4 digits of account number <u>1561</u> | \$4,811.19 |
| <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Revolving account Teamsters</u></p> | | | |

Debtor 1 Cerda, Rose Marie & Cerda, Alonzo
 Debtor 2 _____

Case number (if known) _____

| | | | |
|---|---|---|--------|
| 4.16 | Capital One Nonpriority Creditor's Name Attn: General Correspondence/Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285 | Last 4 digits of account number <u>5569</u> | \$0.00 |
| Number Street City State Zip Code | | When was the debt incurred? <u>2011-07</u> | |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Revolving account</u> <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | | | |
| 4.17 | Capital One / Carson Nonpriority Creditor's Name Attn: General Correspondence/Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285 | Last 4 digits of account number <u>9055</u> | \$0.00 |
| Number Street City State Zip Code | | When was the debt incurred? <u>2009-05</u> | |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Revolving account</u> <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | | | |
| 4.18 | Cbna Nonpriority Creditor's Name PO Box 6283 Sioux Falls, SD 57117-6283 | Last 4 digits of account number <u>5327</u> | \$0.00 |
| Number Street City State Zip Code | | When was the debt incurred? <u>2003-09</u> | |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Revolving account</u> <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | | | |

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
 Debtor 2 _____

Case number (if known) _____

| | | | |
|------|--|---|--------------------|
| 4.19 | Cbusasears Nonpriority Creditor's Name Citicorp Credit Svrs/Centralized Bankrup PO Box 790040 Saint Louis, MO 63179-0040 | Last 4 digits of account number 6870 | \$0.00 |
| | Number Street City State Zip Code | When was the debt incurred? 2009-08 | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify Revolving account | | |
| | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 4.20 | Central DuPage Hospital Nonpriority Creditor's Name 25 N Winfield Rd Winfield, IL 60190-1222 | Last 4 digits of account number | \$84.76 |
| | Number Street City State Zip Code | When was the debt incurred? | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify _____ | | |
| | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 4.21 | Chase Card Nonpriority Creditor's Name Attn: Correspondence Dept PO Box 15298 Wilmington, DE 19850-5298 | Last 4 digits of account number 2228 | \$24,784.02 |
| | Number Street City State Zip Code | When was the debt incurred? 2005-09 | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify Revolving account Disney Visa | | |
| | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
 Debtor 2 _____

Case number (if known) _____

| | |
|---|---|
| <p>4.22</p> <p>Chase Card Nonpriority Creditor's Name Attn: Correspondence Dept PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zip Code</p> | <p>Last 4 digits of account number 5953</p> <p>When was the debt incurred? 1979-05</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Revolving account Slate Visa</p> |
| <hr/> <p>4.23</p> <p>Chase Card Nonpriority Creditor's Name PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zip Code</p> | |
| <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Revolving account</p> | |
| <hr/> <p>4.24</p> <p>Chase Card Services Nonpriority Creditor's Name Correspondence Dept PO Box 15278 Wilmington, DE 19850-5278 Number Street City State Zip Code</p> | |
| <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Revolving account</p> | |

Debtor 1 Cerda, Rose Marie & Cerda, Alonzo
 Debtor 2 _____

Case number (if known) _____

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| 4.25 | Citibank/Goodyear Nonpriority Creditor's Name Citicorp Cr Svcs/Centralized Bankruptcy PO Box 790040S Louis, MO 63129 | Last 4 digits of account number <u>9405</u> | \$491.08 |
| Number Street City State Zip Code | | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Is the claim subject to offset? | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | |
| <hr/> | | <hr/> | |
| 4.26 | Citibank/the Home Depot Nonpriority Creditor's Name Citicorp Cr Svcs/Centralized Bankruptcy PO Box 790040 Saint Louis, MO 63179-0040 | Last 4 digits of account number <u>0553</u> | \$1,066.27 |
| Number Street City State Zip Code | | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Is the claim subject to offset? | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | |
| <hr/> | | <hr/> | |
| 4.27 | Comenity Bank/Avenue Nonpriority Creditor's Name PO Box 182125 Columbus, OH 43218-2125 | Last 4 digits of account number <u>6321</u> | \$1,138.28 |
| Number Street City State Zip Code | | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | |
| <input type="checkbox"/> Check if this claim is for a community debt | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | |

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
 Debtor 2 _____

Case number (if known) _____

| | | | |
|--|--|---|------------|
| 4.28 | Comenity Bank/Carsons Nonpriority Creditor's Name | Last 4 digits of account number <u>1707</u> | \$3,682.45 |
| PO Box 182125 Columbus, OH 43218-2125 Number Street City State Zip Code | | | |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | | | |
| <hr/> | | | |
| 4.29 | Comenity Bank/Cathrins Nonpriority Creditor's Name | Last 4 digits of account number <u>9249</u> | \$0.00 |
| PO Box 182789 Columbus, OH 43218-2789 Number Street City State Zip Code | | | |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | | | |
| <hr/> | | | |
| 4.30 | Comenity Bank/Harlem Furniture Nonpriority Creditor's Name | Last 4 digits of account number <u>4780</u> | \$0.00 |
| PO Box 182125 Columbus, OH 43218-2125 Number Street City State Zip Code | | | |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | | | |

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
Debtor 2 _____

Case number (if known) _____

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|------|--|---|-------------|
| 4.31 | Comenitybank/meijermc Nonpriority Creditor's Name Comenity Bank PO Box 182125 Columbus, OH 43218-2125 Number Street City State Zip Code | Last 4 digits of account number 4690 | \$2,592.51 |
| | Who incurred the debt? Check one. | When was the debt incurred? 2014-11 | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account | |
| | Is the claim subject to offset? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 4.32 | Costco Go Anywhere Citicard Nonpriority Creditor's Name Centralized Bk/Citicorp Credit Card Svrs PO Box 790040 Saint Louis, MO 63179-0040 Number Street City State Zip Code | Last 4 digits of account number 2860 | \$10,681.64 |
| | Who incurred the debt? Check one. | When was the debt incurred? 2007-10 | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account | |
| 4.33 | Dept of Ed/Navient Nonpriority Creditor's Name Attn: Claims Dept PO Box 9635 Wilkes Barre, PA 18773-9635 Number Street City State Zip Code | Last 4 digits of account number 0724 | \$66,853.76 |
| | Who incurred the debt? Check one. | When was the debt incurred? 2012-07 | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Installment account | |
| | Is the claim subject to offset? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
Debtor 2 _____

Case number (if known) _____

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| <div style="border: 1px solid black; padding: 2px;">4.34</div> Dept of Ed/Navient Nonpriority Creditor's Name Attn: Claims Dept PO Box 9635 Wilkes Barre, PA 18773-9635 Number Street City State Zip Code | Last 4 digits of account number 0921 \$25,354.56 When was the debt incurred? 2015-09 As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|--|--|

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|--|--|
| <div style="border: 1px solid black; padding: 2px;">4.35</div> Dept of Ed/Navient Nonpriority Creditor's Name Attn: Claims Dept PO Box 9635 Wilkes Barre, PA 18773-9635 Number Street City State Zip Code | Last 4 digits of account number 0917 \$24,444.37 When was the debt incurred? 2014-09 As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|--|--|

| | |
|--|--|
| <div style="border: 1px solid black; padding: 2px;">4.36</div> Dept of Ed/Navient Nonpriority Creditor's Name Attn: Claims Dept PO Box 9635 Wilkes Barre, PA 18773-9635 Number Street City State Zip Code | Last 4 digits of account number 0913 \$23,858.69 When was the debt incurred? 2013-09 As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|--|--|

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
Debtor 2 _____

Case number (if known) _____

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| 4.37 | Dept of Ed/Navient Nonpriority Creditor's Name Attn: Claims Dept PO Box 9635 Wilkes Barre, PA 18773-9635 Number Street City State Zip Code | Last 4 digits of account number 0914 | \$23,688.43 |
| <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | <p>When was the debt incurred? 2012-09</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p> | |
| Installment account | | | |
| 4.38 | Dept of Ed/Navient Nonpriority Creditor's Name Attn: Claims Dept PO Box 9635 Wilkes Barre, PA 18773-9635 Number Street City State Zip Code | Last 4 digits of account number 0924 | \$7,087.84 |
| <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | <p>When was the debt incurred? 2013-09</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p> | |
| Installment account | | | |
| 4.39 | Dept of Ed/Navient Nonpriority Creditor's Name Claims Dept PO Box 9400 Wilkes Barre, PA 18773-9400 Number Street City State Zip Code | Last 4 digits of account number 0908 | \$0.00 |
| <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | <p>When was the debt incurred? 2009-09</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Installment account</p> | |

Debtor 1 Cerda, Rose Marie & Cerda, Alonzo
 Debtor 2 _____

Case number (if known) _____

4.40 **Dept of Ed/Navient**
 Nonpriority Creditor's Name
Claims Dept
PO Box 9400
Wilkes Barre, PA 18773-9400
 Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

No Yes

Last 4 digits of account number 0804 When was the debt incurred? 2009-08

As of the date you file, the claim is: Check all that apply

Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Installment account

4.41 **Dept of Ed/Navient**
 Nonpriority Creditor's Name
Claims Dept
PO Box 9400
Wilkes Barre, PA 18773-9400
 Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

No Yes

Last 4 digits of account number 0902 When was the debt incurred? 2008-09

As of the date you file, the claim is: Check all that apply

Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Installment account

4.42 **Discover Financial**
 Nonpriority Creditor's Name
PO Box 3025
New Albany, OH 43054-3025
 Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

No Yes

Last 4 digits of account number 1692 When was the debt incurred? 1988-04

As of the date you file, the claim is: Check all that apply

Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Revolving account

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
 Debtor 2 _____

Case number (if known) _____

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|---|---|
| <div style="border: 1px solid black; padding: 2px;">4.43</div> <p>Dr. Shane Nho Nonpriority Creditor's Name</p> <p>1611 W Harrison St Ste 400 Chicago, IL 60612-4861</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$969.77</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p> |
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| <div style="border: 1px solid black; padding: 2px;">4.44</div> <p>Elan Financial Service Nonpriority Creditor's Name</p> <p>PO Box 108 Saint Louis, MO 63166-0108</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Revolving account</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 6262 \$314.00</p> <p>When was the debt incurred? 2016-07</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> |
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| <div style="border: 1px solid black; padding: 2px;">4.45</div> <p>Family Care Associates Nonpriority Creditor's Name</p> <p>2422 Paysphere Cir Chicago, IL 60674-0024</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ unknown</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> |
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Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
 Debtor 2 _____

Case number (if known) _____

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| 4.46 | First National Bank Nonpriority Creditor's Name Attn: FNN Legal Dept 1620 Dodge St MSC CODE3290 Omaha, NE 68191 Number Street City State Zip Code | Last 4 digits of account number 9472 When was the debt incurred? 2011-08 | \$10,654.00 |
| As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account On credit report, Debtors cannot identify debt. | | | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.47 | | | |
| First National Bank Omaha Nonpriority Creditor's Name PO Box 2557 Omaha, NE 68103-2557 Number Street City State Zip Code | | Last 4 digits of account number 2672 When was the debt incurred? | \$11,169.27 |
| As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | | | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.48 | | | |
| Gilbert J LaFemina DDS FAGD, Ltd Nonpriority Creditor's Name 345 E Burlington St Ste B1 Riverside, IL 60546-2084 Number Street City State Zip Code | | Last 4 digits of account number _____ | \$0.00 |
| As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice only | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
 Debtor 2 _____

Case number (if known) _____

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| <p>4.49</p> <p>Heart Care Centers of Illinois Nonpriority Creditor's Name</p> <p>PO Box 766 Bedford Park, IL 60499-0766</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$12.40</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p> |
| <hr/> <p>4.50</p> <p>Hinsdale Orthopedic Assoc Nonpriority Creditor's Name</p> <p>PO Box 5461 Carol Stream, IL 60197-5461</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |
| <p>Last 4 digits of account number _____ \$3,715.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p> | |
| <hr/> <p>4.51</p> <p>Illinois Laboratory Medicine Nonpriority Creditor's Name</p> <p>PO Box 5966 Carol Stream, IL 60197-5966</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |
| <p>Last 4 digits of account number _____ \$86.30</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p> | |

Debtor 1 Cerda, Rose Marie & Cerda, Alonzo
 Debtor 2 _____

Case number (if known) _____

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|---|--|---------------------------------|-------------|------------|
| 4.52 | Just Tires/Goodyear Credit Plan Nonpriority Creditor's Name | Last 4 digits of account number | <u>9405</u> | \$218.72 |
| PO Box 9001006 Louisville, KY 40290-1006 | | | | |
| Number Street City State Zip Code | | | | |
| Who incurred the debt? Check one. | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| As of the date you file, the claim is: Check all that apply | | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| 4.53 | Kohls/Capital One Nonpriority Creditor's Name | Last 4 digits of account number | <u>8657</u> | \$3,744.92 |
| Kohls Credit PO Box 3043 Milwaukee, WI 53201-3043 | | | | |
| Number Street City State Zip Code | | | | |
| Who incurred the debt? Check one. | | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| As of the date you file, the claim is: Check all that apply | | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | | | | |
| 4.54 | Loyola University Medical Center Nonpriority Creditor's Name | Last 4 digits of account number | _____ | \$103.00 |
| PO Box 95009 Chicago, IL 60694-5009 | | | | |
| Number Street City State Zip Code | | | | |
| Who incurred the debt? Check one. | | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| As of the date you file, the claim is: Check all that apply | | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
 Debtor 2 _____

Case number (if known) _____

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|---|---|---|-----------------|
| 4.55 | Macneal Hospital Nonpriority Creditor's Name | Last 4 digits of account number <u>1130</u> | \$0.00 |
| Number Street City State Zip Code Who incurred the debt? Check one. | | When was the debt incurred? <u>2016-09</u> | |
| <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Is the claim subject to offset? | | <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open account</u> | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.56 | MacNeal Hospital Nonpriority Creditor's Name | Last 4 digits of account number <u>6843</u> | \$178.79 |
| Number Street City State Zip Code 3249 Oak Park Ave Berwyn, IL 60402-3429 | | When was the debt incurred? _____ | |
| Number Street City State Zip Code Who incurred the debt? Check one. | | As of the date you file, the claim is: Check all that apply | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Is the claim subject to offset? | | <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.57 | Metropolitan Advanced Radio S Nonpriority Creditor's Name | Last 4 digits of account number | \$332.00 |
| Number Street City State Zip Code 1362 Paysphere Cir Chicago, IL 60674-0013 | | When was the debt incurred? _____ | |
| Number Street City State Zip Code Who incurred the debt? Check one. | | As of the date you file, the claim is: Check all that apply | |
| <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Is the claim subject to offset? | | <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
 Debtor 2 _____

Case number (if known) _____

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| 4.58 | Midwest Orthopedics at Rush LL Nonpriority Creditor's Name | Last 4 digits of account number | \$166.00 |
| PO Box 3087 Carol Stream, IL 60132-3087 | | When was the debt incurred? | _____ |
| Number Street City State Zip Code | | | |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.59 | Navient Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 |
| Attn: Bankruptcy PO Box 9500 Wilkes-Barr, PA 18873 | | When was the debt incurred? | 2009-08 |
| Number Street City State Zip Code | | | |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Installment account | |
| 4.60 | Navient Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 |
| Attn: Bankruptcy PO Box 9500 Wilkes-Barr, PA 18873 | | When was the debt incurred? | 2009-09 |
| Number Street City State Zip Code | | | |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Installment account | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Debtor 1 Cerda, Rose Marie & Cerda, Alonzo
 Debtor 2 _____

Case number (if known) _____

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| 4.61 | Navient Nonpriority Creditor's Name Attn: Bankruptcy PO Box 9500 Wilkes-Barr, PA 18873 Number Street City State Zip Code | Last 4 digits of account number 0902 When was the debt incurred? 2008-09 | \$0.00 |
| <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Installment account</p> | | | |
| 4.62 | Nelnet Nonpriority Creditor's Name Nelnet Claims/Bankruptcy PO Box 82505 Lincoln, NE 68501-2505 Number Street City State Zip Code | Last 4 digits of account number 7699 When was the debt incurred? 2007-10 | \$0.00 |
| <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Installment account</p> | | | |
| 4.63 | Nelnet Loans Nonpriority Creditor's Name Nelnet Claims PO Box 82505 Lincoln, NE 68501-2505 Number Street City State Zip Code | Last 4 digits of account number 1099 When was the debt incurred? 2007-09 | \$0.00 |
| <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Installment account</p> | | | |

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
 Debtor 2 _____

Case number (if known) _____

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| <div style="border: 1px solid black; padding: 2px;">4.64</div> <p>NuMark Credit Union Nonpriority Creditor's Name</p> <p>PO Box 790408 Saint Louis, MO 63179-0408</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> | <p>Last 4 digits of account number 6262</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p> | <p>\$473.00</p> |
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| <div style="border: 1px solid black; padding: 2px;">4.65</div> <p>Radadvantage Illinois, PC Nonpriority Creditor's Name</p> <p>PO Box 8500 Philadelphia, PA 19178-8500</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p> | <p>\$31.02</p> |
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| <div style="border: 1px solid black; padding: 2px;">4.66</div> <p>Riverside Eye Corp. Nonpriority Creditor's Name</p> <p>7222 W Cermak Rd Ste 1 North Riverside, IL 60546-1422</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p> | <p>\$25.00</p> |
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Debtor 1 Cerda, Rose Marie & Cerda, Alonzo
 Debtor 2 _____

Case number (if known) _____

| | | | |
|---|--|--|----------------|
| 4.67 | RoomPlace Furniture / Comenity Bank | | \$0.00 |
| Nonpriority Creditor's Name Comenity Bank PO Box 182125 Columbus, OH 43218-2125 | | Last 4 digits of account number _____ | _____ |
| Number Street City State Zip Code | | When was the debt incurred? _____ | |
| Who incurred the debt? Check one. | | As of the date you file, the claim is: Check all that apply | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | |
| Is the claim subject to offset? | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | | | |
| 4.68 | Sophia E Welykyj MD | | \$50.00 |
| Nonpriority Creditor's Name | | Last 4 digits of account number _____ | _____ |
| 7234 Ogden Ave Ste 1-S Riverside, IL 60546-2269 | | When was the debt incurred? _____ | |
| Number Street City State Zip Code | | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | |
| Is the claim subject to offset? | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | | | |
| 4.69 | Syncb/Lord & Taylor | | \$0.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060 | | Last 4 digits of account number 7602 | _____ |
| Number Street City State Zip Code | | When was the debt incurred? 2004-08 | |
| Who incurred the debt? Check one. | | As of the date you file, the claim is: Check all that apply | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account | |
| Is the claim subject to offset? | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | | | |

Debtor 1 Cerda, Rose Marie & Cerda, Alonzo
 Debtor 2 _____

Case number (if known) _____

| | | | |
|---|---|---|-------------------|
| 4.70 | Synchrony Bank / Hh Gregg Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060 | Last 4 digits of account number <u>2433</u> | <u>\$0.00</u> |
| | | When was the debt incurred? <u>2002-07</u> | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | | | |
| 4.71 <u>Synchrony Bank/ Hh Gregg</u> Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| | | Last 4 digits of account number <u>0072</u> | <u>\$0.00</u> |
| | | When was the debt incurred? <u>1999-12</u> | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | | | |
| 4.72 <u>Synchrony Bank/ Jc Penney</u> Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| | | Last 4 digits of account number <u>3976</u> | <u>\$3,432.78</u> |
| | | When was the debt incurred? <u>2014-07</u> | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | | | |

Debtor 1 Cerda, Rose Marie & Cerda, Alonzo
 Debtor 2 _____

Case number (if known) _____

| | | | |
|--|---|---|-------------------|
| 4.73 | Synchrony Bank/ Jc Penneys Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060 | Last 4 digits of account number <u>9319</u> | <u>\$0.00</u> |
| | | When was the debt incurred? <u>2009-05-17</u> | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | | | |
| 4.74 | Synchrony Bank/ Money Sport Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060 | Last 4 digits of account number <u>8958</u> | <u>\$0.00</u> |
| | | When was the debt incurred? <u>2009-07-26</u> | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | | | |
| 4.75 | Synchrony Bank/Pearle Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060 | Last 4 digits of account number <u>9728</u> | <u>\$2,337.00</u> |
| | | When was the debt incurred? <u>2011-03</u> | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> | | | |

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
 Debtor 2 _____

Case number (if known) _____

| | | | | | | | | | | | |
|---|---|---|-------------------|---------------|---|---|-------------------|--|--|--|--|
| 4.76 | Synchrony Bank/Sams Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060 Number Street City State Zip Code | Last 4 digits of account number 6389 When was the debt incurred? 2001-09 | \$0.00 | | | | | | | | |
| As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account | | | | | | | | | | | |
| 4.77 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Target</td> <td style="width: 40%;"> Nonpriority Creditor's Name Bankruptcy Department PO Box 1327 Minneapolis, MN 55440-1327 Number Street City State Zip Code </td> <td style="width: 30%;"> Last 4 digits of account number 4451 When was the debt incurred? _____ </td> <td style="width: 30%; text-align: right;">\$3,597.15</td> </tr> <tr> <td colspan="4"> As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ </td> </tr> </table> | | | | Target | Nonpriority Creditor's Name Bankruptcy Department PO Box 1327 Minneapolis, MN 55440-1327 Number Street City State Zip Code | Last 4 digits of account number 4451 When was the debt incurred? _____ | \$3,597.15 | As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | | | |
| Target | Nonpriority Creditor's Name Bankruptcy Department PO Box 1327 Minneapolis, MN 55440-1327 Number Street City State Zip Code | Last 4 digits of account number 4451 When was the debt incurred? _____ | \$3,597.15 | | | | | | | | |
| As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | | | | | | | | | | | |
| 4.78 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Target</td> <td style="width: 40%;"> Nonpriority Creditor's Name C/O Financial & Retail Svrs Mailstopn BT PO Box 9475 Minneapolis, MN 55440-9475 Number Street City State Zip Code </td> <td style="width: 30%;"> Last 4 digits of account number 0727 When was the debt incurred? 2012-04 </td> <td style="width: 30%; text-align: right;">\$4,324.75</td> </tr> <tr> <td colspan="4"> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account </td> </tr> </table> | | | | Target | Nonpriority Creditor's Name C/O Financial & Retail Svrs Mailstopn BT PO Box 9475 Minneapolis, MN 55440-9475 Number Street City State Zip Code | Last 4 digits of account number 0727 When was the debt incurred? 2012-04 | \$4,324.75 | As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account | | | |
| Target | Nonpriority Creditor's Name C/O Financial & Retail Svrs Mailstopn BT PO Box 9475 Minneapolis, MN 55440-9475 Number Street City State Zip Code | Last 4 digits of account number 0727 When was the debt incurred? 2012-04 | \$4,324.75 | | | | | | | | |
| As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account | | | | | | | | | | | |

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
Debtor 2

Case number (if known)

| | | | |
|------|---|--|--------------------|
| 4.79 | <p>US Dept of Education Nonpriority Creditor's Name Attn: Bankruptcy PO Box 16448 Saint Paul, MN 55116-0448</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 2486</p> <p>When was the debt incurred? 2012-07-24</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Installment account</p> | \$0.00 |
| 4.80 | <p>VHS of Illinois Inc Nonpriority Creditor's Name</p> <p>2384 Paysphere Cir Chicago, IL 60674-0023</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p> | \$214.91 |
| 4.81 | <p>VHS of Illinois Inc. Nonpriority Creditor's Name</p> <p>PO Box 2384 Chicago, IL 60690-2384</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify</p> | \$10,868.81 |

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
Debtor 2 _____

Case number (if known) _____

4.82

| | | |
|--|--|--------|
| Visa Dept Store National Bank/Macy's Nonpriority Creditor's Name Attn: Bankruptcy PO Box 8053 Mason, OH 45040-8053 | Last 4 digits of account number 4060 | \$0.00 |
| Number Street City State Zip Code | When was the debt incurred? 2010-01 | |
| Who incurred the debt? Check one. | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | As of the date you file, the claim is: Check all that apply | |
| <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? | <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account | |

4.83

| | | |
|--|--|--------|
| Wells Fargo Bank Nonpriority Creditor's Name | Last 4 digits of account number 0618 | \$0.00 |
| PO Box 10438 Des Moines, IA 50306-0438 | When was the debt incurred? 2007-07 | |
| Who incurred the debt? Check one. | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | As of the date you file, the claim is: Check all that apply | |
| <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? | <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address **Amex**
PO Box 981537
El Paso, TX 79998-1537

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.2** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address **Amex**
PO Box 981537
El Paso, TX 79998-1537

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.3** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address **Amex**
PO Box 981537
El Paso, TX 79998-1537

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.5** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
Debtor 2

Case number (if known)

Amex
PO Box 981537
El Paso, TX 79998-1537Line 4.6 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1513Name and Address
Amex Dsnb
9111 Duke Blvd
Mason, OH 45040-8999

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2432Name and Address
Atlantic Credit and Finance Inc
PO Box 13389
Roanoke, VA 24033-3389

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1916Name and Address
Atlantic Credit and Finance Inc
PO Box 13389
Roanoke, VA 24033-3389

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1561Name and Address
Barclays Bank Delaware
PO Box 8803
Wilmington, DE 19899-8803

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2915Name and Address
Barclays Bank Delaware
PO Box 8803
Wilmington, DE 19899-8803

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5298Name and Address
Bk of Amer
PO Box 982238
El Paso, TX 79998-2238

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2924Name and Address
Bk of Amer
PO Box 982238
El Paso, TX 79998-2238

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2403Name and Address
Cap One
PO Box 5253
Carol Stream, IL 60197-5253

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5569Name and Address
Cap1/bstby
50 NW Point Blvd
Elk Grove Village, IL 60007-1032

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2454Name and Address
Cap1/carsn
PO Box 30253
Salt Lake City, UT 84130-0253

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9055

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
 Debtor 2 _____

Case number (if known) _____

Capital Management Services, LP
 698 1/2 S Ogden St
 Buffalo, NY 14206-2317

Line 4.10 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2915

Name and Address
Capital Management Services, LP
 698 1/2 S Ogden St
 Buffalo, NY 14206-2317

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5298

Name and Address
Cardmember Service
 PO Box 6335
 Fargo, ND 58125-6335

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.64 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6262

Name and Address
Cardmember Service
 PO Box 108
 Saint Louis, MO 63166-0108

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.64 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6262

Name and Address
Chase Card
 PO Box 15298
 Wilmington, DE 19850-5298

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2228

Name and Address
Chase Card
 PO Box 15298
 Wilmington, DE 19850-5298

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5953

Name and Address
Chase Card
 PO Box 15298
 Wilmington, DE 19850-5298

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1021

Name and Address
Citi
 PO Box 6190
 Sioux Falls, SD 57117-6190

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2860

Name and Address
Cmre. 877-572-7555
 3075 E Imperial Hwy Ste
 Brea, CA 92821-6733

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.55 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1130

Name and Address
Comenity Bank
 Bankruptcy Department
 PO Box 182125
 Columbus, OH 43218-2125

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.67 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Comenity Bank/Avenue
 PO Box 182789
 Columbus, OH 43218-2789

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6321

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
Debtor 2

Case number (if known)

| | | |
|---|--|--|
| Comenity Bank/Carsons PO Box 182789 Columbus, OH 43218-2789 | Line 4.28 of (Check one): | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | 1707 |
| <hr/> | | |
| Comenity Bank/Roomplce PO Box 182789 Columbus, OH 43218-2789 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.30 of (Check one): | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | 4780 |
| <hr/> | | |
| Comenitybank/meijermc PO Box 182789 Columbus, OH 43218-2789 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.31 of (Check one): | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | 4690 |
| <hr/> | | |
| Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.33 of (Check one): | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | 0724 |
| <hr/> | | |
| Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.34 of (Check one): | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | 0921 |
| <hr/> | | |
| Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.35 of (Check one): | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | 0917 |
| <hr/> | | |
| Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.36 of (Check one): | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | 0913 |
| <hr/> | | |
| Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.37 of (Check one): | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | 0914 |
| <hr/> | | |
| Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.38 of (Check one): | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | 0924 |
| <hr/> | | |
| Discover Fin Svcs LLC PO Box 15316 Wilmington, DE 19850-5316 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.42 of (Check one): | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | 1692 |
| <hr/> | | |
| Dpt Ed/Slm PO Box 9635 Wilkes Barre, PA 18773-9635 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.39 of (Check one): | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | 0908 |
| <hr/> | | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | |

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
 Debtor 2 _____

Case number (if known) _____

**Dpt Ed/SIm
 PO Box 9635
 Wilkes Barre, PA 18773-9635**

Line **4.40** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0804

Name and Address
**Dpt Ed/SIm
 PO Box 9635
 Wilkes Barre, PA 18773-9635**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0902

Name and Address
**Dr. Shane Nh
 2450 Wolf Rd Ste F
 Westchester, IL 60154-5643**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Dsnb Macys
 PO Box 8218
 Mason, OH 45040-8218**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.82** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4060

Name and Address
**Family Care Associates
 PO Box 74008432
 Chicago, IL 60674-8432**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**First National Bank of Omaha
 PO Box 2490
 Omaha, NE 68103-2490**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.47** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2672

Name and Address
**First National Bank of Omaha
 PO Box 2951
 Omaha, NE 68103-2951**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.47** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2672

Name and Address
**Fnb Omaha
 PO Box 3412
 Omaha, NE 68103-0412**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9472

Name and Address
**Goodyear Credit Account
 PO Box 7032
 Sioux Falls, SD 57117-7032**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.52** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9405

Name and Address
**Goodyr/cbna
 PO Box 6497
 Sioux Falls, SD 57117-6497**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9405

Name and Address
**Home Depot Credit Services
 PO Box 790328
 Saint Louis, MO 63179-0328**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0553

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
 Debtor 2 _____

Case number (if known) _____

Home Depot Credit Services
PO Box 78011
Phoenix, AZ 85062-8011

Line 4.26 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0553

Name and Address
Homeprjvisa
PO Box 94498
Las Vegas, NV 89193-4498

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.83 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0618

Name and Address
Just Tires/Goodyear Credit Plan
PO Box 6403
Sioux Falls, SD 57117-6403

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.52 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9405

Name and Address
Kohls/capone
PO Box 3115
Milwaukee, WI 53201-3115

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.53 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8657

Name and Address
Meyer Njus Tanick, PA
330 2nd Ave S Ste 350
Minneapolis, MN 55401-2212

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.72 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3976

Name and Address
Midland Credit Management, Inc.
2365 Northside Dr Ste 300
San Diego, CA 92108-2709

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.26 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0553

Name and Address
Nationwide Credit & Collection
c/o Evergreen Bank Group
PO Box 3219
Oak Brook, IL 60522-3219

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.54 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Navient Solutions Inc
PO Box 9500
Wilkes Barre, PA 18773-9500

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.59 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0804

Name and Address
Navient Solutions Inc
PO Box 9500
Wilkes Barre, PA 18773-9500

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.60 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0908

Name and Address
Navient Solutions Inc
PO Box 9500
Wilkes Barre, PA 18773-9500

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.61 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0902

Name and Address
Nelnet Lns
PO Box 1649
Denver, CO 80201-1649

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.62 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7699

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
Debtor 2

Case number (if known)

Nelnet Loans
3015 S Parker Rd
Aurora, CO 80014-2904Line 4.63 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1099Name and Address
Phillips & Cohen Associates
Mail Stop: 661
1002 Justison St Stop 661
Wilmington, DE 19801-5148

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2915Name and Address
Phillips & Cohen Associates
Mail Stop: 661
1002 Justison St Stop 661
Wilmington, DE 19801-5148

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5298Name and Address
Sears/Cbna
PO Box 6282
Sioux Falls, SD 57117-6282

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6870Name and Address
Syncb/Care Credit
C/o
PO Box 965036
Orlando, FL 32896-5036

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.70 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2433Name and Address
Syncb/jc Penney Dc
PO Box 965007
Orlando, FL 32896-5007

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.72 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3976Name and Address
Syncb/jc
PO Box 965007
Orlando, FL 32896-5007

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.73 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9319Name and Address
Syncb/lord & Tay
PO Box 965015
Orlando, FL 32896-5015

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.69 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7602Name and Address
Syncb/lundstrom
C/o
PO Box 965036
Orlando, FL 32896-5036

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.71 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0072Name and Address
Syncb/Pearle Vision
C/o
PO Box 965036
Orlando, FL 32896-5036

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.75 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9728

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
Debtor 2

Case number (if known)

Syncb/Sams Club
PO Box 965005
Orlando, FL 32896-5005Line **4.76** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6389Name and Address
Syncb/Sync Bank Sport
C/o
PO Box 965036
Orlando, FL 32896-5036

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.74** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8958Name and Address
TD Bank USA, N.A.
Attn: Bankruptcy Department
PO Box 1327
Minneapolis, MN 55440-1327

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.77** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4451Name and Address
Td Bank USA/Targetcred
PO Box 673
Minneapolis, MN 55440-0673

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.78** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0727Name and Address
Thd/Cbna
PO Box 6497
Sioux Falls, SD 57117-6497

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0553Name and Address
US Dep Ed
PO Box 5609
Greenville, TX 75403-5609

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.79** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2486**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

| | | Total Claim |
|-----|--|------------------------|
| 6a. | Domestic support obligations | 6a. \$ 0.00 |
| 6b. | Taxes and certain other debts you owe the government | 6b. \$ 8,070.32 |
| 6c. | Claims for death or personal injury while you were intoxicated | 6c. \$ 0.00 |
| 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. \$ 0.00 |
| 6e. | Total Priority. Add lines 6a through 6d. | 6e. \$ 8,070.32 |

Total claims from Part 2

| | | Total Claim |
|-----|--|--------------------------|
| 6f. | Student loans | 6f. \$ 171,287.65 |
| 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ 0.00 |
| 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ 0.00 |
| 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. \$ 158,185.35 |
| 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. \$ 329,473.00 |

Fill in this information to identify your case:

| | | | |
|---|---|-------------|-----------|
| Debtor 1 | Rose Marie Cerdá | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Alonzo Cerdá | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property(Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 **Vorizon Wireless**

Monthly payment is \$265.00.

Fill in this information to identify your case:

| | | | |
|---|---|-------------|-----------|
| Debtor 1 | Rose Marie Cerdá | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Alonzo Cerdá | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Schedule D, line

Schedule E/F, line

Schedule G, line

Number Street
City State ZIP Code

3.2

Name

Schedule D, line

Schedule E/F, line

Schedule G, line

Number Street
City State ZIP Code

Fill in this information to identify your case:

| | |
|---|--|
| Debtor 1 | <u>Rose Marie Cerdá</u> |
| Debtor 2 (Spouse, if filing) | <u>Alonzo Cerdá</u> |
| United States Bankruptcy Court for the: | <u>NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION</u> |
| Case number (if known) | _____ |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status*

Debtor 1

Debtor 2 or non-filing spouse

Employed

Employed

Not employed

Not employed

Occupation

See Schedule Attached

Employer's name

Alpha Baking Company

Employer's address

5001 W Polk St
Chicago, IL 60644-5249

How long employed there?

19 years

*See Attachment for Additional Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | |
|---------------------|--|
| <u>For Debtor 1</u> | <u>For Debtor 2 or non-filing spouse</u> |
|---------------------|--|

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 4,058.41 \$ 5,388.89

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 4,058.41 \$ 5,388.89

Debtor 1
Debtor 2

Cerda, Rose Marie & Cerda, Alonzo

Case number (if known)

| | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|--|------------------------|--------------------------------------|----------------------|
| Copy line 4 here | 4. \$ 4,058.41 | \$ 5,388.89 | |
| 5. List all payroll deductions: | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 655.14 | \$ 994.19 | |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ 0.00 | |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ 0.00 | |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ 0.00 | |
| 5e. Insurance | 5e. \$ 679.47 | \$ 143.52 | |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ 0.00 | |
| 5g. Union dues | 5g. \$ 0.00 | \$ 51.33 | |
| 5h. Other deductions. Specify: Business expenses | 5h. \$ 55.00 | + \$ 0.00 | |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. \$ 1,389.61 | \$ 1,189.04 | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 2,668.80 | \$ 4,199.85 | |
| 8. List all other income regularly received: | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | 8a. \$ 0.00 | \$ 0.00 | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | | |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ 0.00 | |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8c. \$ 0.00 | \$ 0.00 | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ 0.00 | |
| 8e. Social Security | 8e. \$ 0.00 | \$ 0.00 | |
| 8f. Other government assistance that you regularly receive | 8f. \$ 0.00 | \$ 0.00 | |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | |
| Specify: | | | |
| 8g. Pension or retirement income | 8g. \$ 0.00 | \$ 0.00 | |
| 8h. Other monthly income. Specify: | 8h. \$ 0.00 | + \$ 0.00 | |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. \$ 0.00 | \$ 0.00 | |
| 10. Calculate monthly income. Add line 7 + line 9. | 10. \$ 2,668.80 | + \$ 4,199.85 | = \$ 6,868.65 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. | | | |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. | | | |
| Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | | |
| Specify: | | 11. +\$ 0.00 | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. | | | |
| Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies | 12. \$ 6,868.65 | | |
| 13. Do you expect an increase or decrease within the year after you file this form? | | | |
| <input checked="" type="checkbox"/> No. | | | |
| <input type="checkbox"/> Yes. Explain: | _____ | | |
| Combined monthly income | | | |

Debtor 1
Debtor 2

Cerda, Rose Marie & Cerda, Alonzo

Case number (if known)

Official Form B 6I
Attachment for Additional Employment Information

| | |
|---------------------|--|
| Debtor | |
| Occupation | |
| Name of Employer | Alpha Baking Company |
| How long employed | 11 years |
| Address of Employer | 5001 W Polk St Chicago, IL 60644-5249 |

| | |
|---------------------|---|
| Debtor | |
| Occupation | Occasionally books trips to Disn |
| Name of Employer | Self Employed |
| How long employed | |
| Address of Employer | |

Fill in this information to identify your case:

| | |
|---|--|
| Debtor 1 | <u>Rose Marie Cerdá</u> |
| Debtor 2 (Spouse, if filing) | <u>Alonzo Cerdá</u> |
| United States Bankruptcy Court for the: | <u>NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION</u> |
| Case number (If known) | _____ |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes. Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

| | | |
|------------|-----------|---|
| <u>Son</u> | <u>23</u> | <input type="checkbox"/> No |
| _____ | _____ | <input checked="" type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes |

3. Do your expenses include
expenses of people other than
yourself and your dependents? No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the
value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage
payments and any rent for the ground or lot.

4. \$ 1,953.00

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

| |
|----------------------|
| 4a. \$ <u>0.00</u> |
| 4b. \$ <u>0.00</u> |
| 4c. \$ <u>100.00</u> |
| 4d. \$ <u>0.00</u> |
| 5. \$ <u>0.00</u> |

| | | |
|---|--|------------------------|
| Debtor 1 | Cerda, Rose Marie & Cerda, Alonzo | Case number (if known) |
| <p>6. Utilities:</p> <p>6a. Electricity, heat, natural gas \$ 335.00 6b. Water, sewer, garbage collection \$ 60.00 6c. Telephone, cell phone, Internet, satellite, and cable services \$ 270.00 6d. Other. Specify: Cell phones \$ 265.66</p> <p>7. Food and housekeeping supplies \$ 800.00</p> <p>8. Childcare and children's education costs \$ 0.00</p> <p>9. Clothing, laundry, and dry cleaning \$ 50.00</p> <p>10. Personal care products and services \$ 85.00</p> <p>11. Medical and dental expenses \$ 700.00</p> <p>12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. \$ 275.00</p> <p>13. Entertainment, clubs, recreation, newspapers, magazines, and books \$ 0.00</p> <p>14. Charitable contributions and religious donations \$ 0.00</p> <p>15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.</p> <p>15a. Life insurance \$ 280.20 15b. Health insurance \$ 0.00 15c. Vehicle insurance \$ 267.00 15d. Other insurance. Specify: Personal articles insurance \$ 23.00 Umbrella Insurance \$ 125.00 Service Line Warrantys (Rose) \$ 52.33 State Farm Life Ins (Lon) \$ 10.00</p> <p>16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \$ 0.00</p> <p>17. Installment or lease payments:</p> <p>17a. Car payments for Vehicle 1 \$ 385.00 17b. Car payments for Vehicle 2 \$ 288.00 17c. Other. Specify: \$ 0.00 17d. Other. Specify: \$ 0.00</p> <p>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). \$ 0.00</p> <p>19. Other payments you make to support others who do not live with you. Specify: \$ 0.00</p> <p>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</p> <p>20a. Mortgages on other property \$ 0.00 20b. Real estate taxes \$ 0.00 20c. Property, homeowner's, or renter's insurance \$ 0.00 20d. Maintenance, repair, and upkeep expenses \$ 0.00 20e. Homeowner's association or condominium dues \$ 0.00</p> <p>21. Other: Specify: Pet Expenses +\$ 150.00 AAA Auto Club +\$ 13.00 Student Loans +\$ 525.00 Lunch, donations to charity (e.g. girlscut cookies) +\$ 80.00</p> <p>22. Calculate your monthly expenses</p> <p>22a. Add lines 4 through 21. \$ 7,092.19 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. \$ 7,092.19</p> <p>23. Calculate your monthly net income.</p> <p>23a. Copy line 12 (your combined monthly income) from Schedule I. \$ 6,868.65 23b. Copy your monthly expenses from line 22c above. -\$ 7,092.19</p> <p>23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i>. \$ -223.54</p> | | |

Debtor 1 Cerda, Rose Marie & Cerda, Alonzo _____
Debtor 2 _____ Case number (if known) _____

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: **The medical expenses include the debtors anticipated needs (anticipated dental expenses) and for physical therapy. Debtors also anticipate an increase in their real estate taxes which will increase their mortgage payment.**

Income calculated using last two calendar month paystubs as overtime cut beginning in October 2017.

Fill in this information to identify your case:

| | | | |
|---|---|-------------|-----------|
| Debtor 1 | Rose Marie Cerdá | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Alonzo Cerdá | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Rose Marie Cerdá

Rose Marie Cerdá
Signature of Debtor 1

Date July 22, 2018

/s/ Alonzo Cerdá

Alonzo Cerdá
Signature of Debtor 2

Date July 22, 2018

| | | | |
|--|---|-------------|-----------|
| Fill in this information to identify your case: | | | |
| Debtor 1 | Rose Marie Cerdá | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | Alonzo Cerdá | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1 lived there

Debtor 2 Prior Address:

Dates Debtor 2 lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

| From January 1 of current year until the date you filed for bankruptcy: | Debtor 1 Sources of income Check all that apply. | Debtor 2 Sources of income Check all that apply. | | |
|---|--|---|--|-------------|
| | Gross income (before deductions and exclusions) | Gross income (before deductions and exclusions) | | |
| | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$25,756.01 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$35,950.08 |
| | | | | |

| | Debtor 1 Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Debtor 2 Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
|--|--|--|--|--|
| For last calendar year: (January 1 to December 31, 2017) | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$41,293.23 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$61,936.72 |
| For the calendar year before that: (January 1 to December 31, 2016) | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$38,006.41 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$63,609.64 |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

| | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
|--|--|---|---|--|
| From January 1 of current year until the date you filed for bankruptcy: | Ticket-To-Ride, Inc. Self employed paid through this group to arrange Disney trips | \$1,264.52 | | |
| For last calendar year: (January 1 to December 31, 2017) | Ticket to Ride | \$3,513.68 | | |
| For the calendar year before that: (January 1 to December 31, 2016) | Ticket to Ride | \$1,653.23 | | |

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for ... |
|--|---|-------------------|----------------------|--|
| Santander Consumer USA PO Box 1984 Carmel, IN 46082-1984 | April -June 2018 | \$1,150.98 | \$16,556.25 | <input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| Santander Consumer USA PO Box 1984 Carmel, IN 46082-1984 | April - June 2018 | \$859.89 | \$12,613.98 | <input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| Bank of America 475 Crosspoint Pkwy Getzville, NY 14068-1609 | Regular monthly payments of \$1,702.00 per month. | \$20,424.00 | \$0.00 | <input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No
 Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No
 Yes. List all payments to an insider

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|----------------------------|------------------|-------------------|----------------------|--|
|----------------------------|------------------|-------------------|----------------------|--|

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No
 Yes. Fill in the details.

| Case title Case number | Nature of the case | Court or agency | Status of the case |
|---------------------------|--------------------|-----------------|--------------------|
|---------------------------|--------------------|-----------------|--------------------|

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

No. Go to line 11.
 Yes. Fill in the information below.

| Creditor Name and Address | Describe the Property | Date | Value of the property |
|---------------------------|-----------------------|------|-----------------------|
| Explain what happened | | | |

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

| Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
|---------------------------|---------------------------------------|-----------------------|--------|
| Explain what happened | | | |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift and Address: | | | |

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Charity's Name | Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value |
|--|----------------|--|-------------------------------|-----------------------|-------|
| Explain what happened | | | | | |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss | Date of your loss | Value of property lost |
|---|--|-------------------|------------------------|
| Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | | | |

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

| Person Who Was Paid | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|-----------------------|---|-----------------------------------|-------------------|
| Explain what happened | | | |

| Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|-----------------------------------|-------------------|
| James J. Haller Attorney at Law 204 Edgemont Street Mundelein, IL 60060 | 0.00 | | \$2,950.00 |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

| Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--------------------------------|---|-----------------------------------|-------------------|
|--------------------------------|---|-----------------------------------|-------------------|

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

| Person Who Received Transfer Address | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|---|--|------------------------|
| CARMAX-Hillside 101 N Wolf Rd Ste 8 Hillside, IL 60162-1634 | 2005 Chevrolet Trailblazer VIN#: 1GNET16S656188594 | Trade in for purchase of 2015 Nissan Sentra. Trade-in allowance was \$2,000.00. | 2/6/18 |

| | | | |
|---|---|---|--------|
| Continental Autos, Inc. 6701 S La Grange Rd Hodgkins, IL 60525-4840 | 2007 Mitsubishi Outlander VIN#: JA4MT31XI 7U005629 | Trade in for purchase of 2015 Nissan Rogue. Trade in value was \$1,500.00. | 2/3/18 |
|---|---|---|--------|

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

| Name of trust | Description and value of the property transferred | Date Transfer was made |
|---------------|---|------------------------|
|---------------|---|------------------------|

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|-------------------------------|--|---|
|--|---------------------------------|-------------------------------|--|---|

| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|---|--|---|
| PNC Bank | XXXX- | <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | Account closed in September 2017 | \$116.00 |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

| Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|---|--|-----------------------|-----------------------|
|---|--|-----------------------|-----------------------|

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

| Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|--|---|-----------------------|-----------------------|
|--|---|-----------------------|-----------------------|

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

| Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
|--|--|-----------------------|-------|
|--|--|-----------------------|-------|

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

| Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|
|--|---|-----------------------------------|----------------|

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

| | | | |
|--|---|-----------------------------------|----------------|
| Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

| | | | |
|---------------------------|---|--------------------|--------------------|
| Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
|---------------------------|---|--------------------|--------------------|

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

| | | |
|--|---|--|
| Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. Dates business existed |
|--|---|--|

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

| | |
|---|-------------|
| Name Address (Number, Street, City, State and ZIP Code) | Date Issued |
|---|-------------|

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Rose Marie Cerda

Rose Marie Cerda
 Signature of Debtor 1

Date July 22, 2018

/s/ Alonzo Cerda

Alonzo Cerda
 Signature of Debtor 2

Date July 22, 2018

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

| | | | |
|--|---|-------------|-----------|
| Fill in this information to identify your case: | | | |
| Debtor 1 | Rose Marie Cerdá | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Alonzo Cerdá | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|--|---|--|
| Creditor's name: Bank of America | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____ | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| Description of property securing debt: 2522 Wesley Ave, Berwyn, IL 60402-2513 | | |
| Creditor's name: Diamond Resorts US Collection Dev LLC | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: Retain and reaffirm subject to a reasonable modification. | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Description of property securing debt: Membership in Diamond Resorts U.S. Collection (the "Collection") | | |
| Creditor's name: Santander Consumer USA | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Description of property securing debt: 2015 Nissan Sentra | | |

Debtor 1 **Cerda, Rose Marie & Cerda, Alonzo**
Debtor 2 _____

Case number (if known) _____

property
securing debt:

Retain the property and [explain]:

Creditor's **Santander Consumer USA**
name:

Surrender the property. No
 Retain the property and redeem it. Yes
 Retain the property and enter into a *Reaffirmation
Agreement*.

Description of **2015 Nissan Rogue Select AWD**
property
securing debt:

Retain the property and [explain]:

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name: **Vorizon Wireless**

No

Yes

Description of leased Property: **Monthly payment is \$265.00.**

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Rose Marie Cerda

Rose Marie Cerda
Signature of Debtor 1

X /s/ Alonzo Cerda

Alonzo Cerda
Signature of Debtor 2

Date **July 22, 2018**

Date **July 22, 2018**

**United States Bankruptcy Court
Northern District of Illinois, Eastern Division**

In re **Cerda, Rose Marie & Cerda, Alonzo**

Debtor(s)

Case No.
Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|---|--------------------|
| For legal services, I have agreed to accept | \$ 2,950.00 |
| Prior to the filing of this statement I have received | \$ 2,950.00 |
| Balance Due | \$ 0.00 |

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

The following costs are deducted from the fee paid: \$335.00 for filing fees, \$53.00 for a joint credit report, \$98.00 for two credit counseling classes (taken twice).

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the Debtor(s) in any dischargeability actions, relief from stay actions, motions to redeem property under 11 U.S.C. 722, preparation and filing of reaffirmation agreements and applications as needed, or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 22, 2018

Date

/s/ James J. Haller

James J. Haller

Signature of Attorney

James J. Haller Attorney at Law

PO Box 626

Mundelein, IL 60060-0626

(847) 325-5008 Fax: (847) 325-5566

jhaller@hallerlawgroup.com

Name of law firm

IN RE:

Cerda, Rose Marie & Cerda, Alonzo

Debtor(s)

Case No. _____

Chapter 7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 129

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: July 22, 2018

/s/ Rose Marie Cerda

Debtor

/s/ Alonzo Cerda

Joint Debtor

Allen Rosenbaum MD
3340 Oak Park Ave Ste 304
Berwyn, IL 60402-3483

Amex
Correspondence
PO Box 981540
El Paso, TX 79998-1540

Amex
PO Box 981537
El Paso, TX 79998-1537

Amex Dsnb
9111 Duke Blvd
Mason, OH 45040-8999

Athletico Sports Medicine
625 Enterprise Dr
Oak Brook, IL 60523-8813

Atlantic Credit and Finance Inc
PO Box 13389
Roanoke, VA 24033-3389

Bank America
PO Box 5170
Simi Valley, CA 93062-5170

Bank of America
NC4-105-03-14
PO Box 26012
Greensboro, NC 27420-6012

Bank of America
NC4-102-03-14
PO Box 26012
Greensboro, NC 27420-6012

Bank of America
Attn: Bankruptcy Department
475 Crosspoint Pkwy
Getzville, NY 14068-1609

Bank of America
PO Box 31785
Tampa, FL 33631-3785

Bankamerica
4909 Savarese Cir
Tampa, FL 33634-2413

Barclays Bank Delaware
PO Box 8803
Wilmington, DE 19899-8803

Barclays Bank Delaware
100 S West St
Wilmington, DE 19801-5015

Bk of Amer
4909 Savarese Cir
Tampa, FL 33634-2413

Bk of Amer
PO Box 982238
El Paso, TX 79998-2238

Blue Cross Blue Shield of Illinois
PO Box 7344
Chicago, IL 60680-7344

Cap One
PO Box 5253
Carol Stream, IL 60197-5253

Cap1/bstby
50 NW Point Blvd
Elk Grove Village, IL 60007-1032

Cap1/bstby
Capital
1 1 Retail Srvs Attn Bankruptcy
Salt Lake City, UT 84130

Cap1/carsn
PO Box 30253
Salt Lake City, UT 84130-0253

Capital Management Services, LP
698 1/2 S Ogden St
Buffalo, NY 14206-2317

Capital One
PO Box 30253
Salt Lake City, UT 84130-0253

Capital One
Attn: General Correspondence/Bankruptcy
PO Box 30285
Salt Lake City, UT 84130-0285

Capital One / Carson
Attn: General Correspondence/Bankruptcy
PO Box 30285
Salt Lake City, UT 84130-0285

Cardmember Service
PO Box 6335
Fargo, ND 58125-6335

Cardmember Service
PO Box 108
Saint Louis, MO 63166-0108

Cbna
PO Box 6283
Sioux Falls, SD 57117-6283

Cbusasears
Citicorp Credit Svcs/Centralized Bankrup
PO Box 790040
Saint Louis, MO 63179-0040

Central DuPage Hospital
25 N Winfield Rd
Winfield, IL 60190-1222

Chase Card
Attn: Correspondence Dept
PO Box 15298
Wilmington, DE 19850-5298

Chase Card
PO Box 15298
Wilmington, DE 19850-5298

Chase Card Services
Correspondence Dept
PO Box 15278
Wilmington, DE 19850-5278

Citi
PO Box 6190
Sioux Falls, SD 57117-6190

Citibank/Goodyear
Citicorp Cr Svcs/Centralized Bankruptcy
PO Box 790040S
Louis, MO 63129

Citibank/the Home Depot
Citicorp Cr Svcs/Centralized Bankruptcy
PO Box 790040
Saint Louis, MO 63179-0040

Cmre. 877-572-7555
3075 E Imperial Hwy Ste
Brea, CA 92821-6733

Comenity Bank
Bankruptcy Department
PO Box 182125
Columbus, OH 43218-2125

Comenity Bank/Avenue
PO Box 182789
Columbus, OH 43218-2789

Comenity Bank/Avenue
PO Box 182125
Columbus, OH 43218-2125

Comenity Bank/Carsons
PO Box 182125
Columbus, OH 43218-2125

Comenity Bank/Carsons
PO Box 182789
Columbus, OH 43218-2789

Comenity Bank/Cathrins
PO Box 182789
Columbus, OH 43218-2789

Comenity Bank/Harlem Furniture
PO Box 182125
Columbus, OH 43218-2125

Comenity Bank/Roomplce
PO Box 182789
Columbus, OH 43218-2789

Comenitybank/meijermc
PO Box 182789
Columbus, OH 43218-2789

Comenitybank/meijermc
Comenity Bank
PO Box 182125
Columbus, OH 43218-2125

Continental Autos, Inc.
6701 S La Grange Rd
Hodgkins, IL 60525-4840

Costco Go Anywhere Citicard
Centralized Bk/Citicorp Credit Card Svrs
PO Box 790040
Saint Louis, MO 63179-0040

Dept of Ed/Navient
Attn: Claims Dept
PO Box 9635
Wilkes Barre, PA 18773-9635

Dept of Ed/Navient
Claims Dept
PO Box 9400
Wilkes Barre, PA 18773-9400

Dept of Ed/Navient
PO Box 9635
Wilkes Barre, PA 18773-9635

Diamond Resorts US Collection Dev LLC
10600 W Charleston Blvd
Las Vegas, NV 89135-1014

Discover Fin Svcs LLC
PO Box 15316
Wilmington, DE 19850-5316

Discover Financial
PO Box 3025
New Albany, OH 43054-3025

Dpt Ed/Slm
PO Box 9635
Wilkes Barre, PA 18773-9635

Dr. Shane Nh
2450 Wolf Rd Ste F
Westchester, IL 60154-5643

Dr. Shane Nho
1611 W Harrison St Ste 400
Chicago, IL 60612-4861

Dsnb Macys
PO Box 8218
Mason, OH 45040-8218

Elan Financial Service
PO Box 108
Saint Louis, MO 63166-0108

Family Care Associates
2422 Paysphere Cir
Chicago, IL 60674-0024

Family Care Associates
PO Box 74008432
Chicago, IL 60674-8432

First National Bank
Attn: FNN Legal Dept
1620 Dodge St MSC CODE3290
Omaha, NE 68191

First National Bank of Omaha
PO Box 2490
Omaha, NE 68103-2490

First National Bank of Omaha
PO Box 2951
Omaha, NE 68103-2951

First National Bank Omaha
PO Box 2557
Omaha, NE 68103-2557

Fnb Omaha
PO Box 3412
Omaha, NE 68103-0412

Gilbert J LaFemina DDS FAGD, Ltd
345 E Burlington St Ste B1
Riverside, IL 60546-2084

Goodyear Credit Account
PO Box 7032
Sioux Falls, SD 57117-7032

Goodyr/cbna
PO Box 6497
Sioux Falls, SD 57117-6497

Heart Care Centers of Illinois
PO Box 766
Bedford Park, IL 60499-0766

Hinsdale Orthopedic Assoc
PO Box 5461
Carol Stream, IL 60197-5461

Home Depot Credit Services
PO Box 790328
Saint Louis, MO 63179-0328

Home Depot Credit Services
PO Box 78011
Phoenix, AZ 85062-8011

Homeprjvisa
PO Box 94498
Las Vegas, NV 89193-4498

Illinois Laboratory Medicine
PO Box 5966
Carol Stream, IL 60197-5966

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Just Tires/Goodyear Credit Plan
PO Box 9001006
Louisville, KY 40290-1006

Just Tires/Goodyear Credit Plan
PO Box 6403
Sioux Falls, SD 57117-6403

Kohls/Capital One
Kohls Credit
PO Box 3043
Milwaukee, WI 53201-3043

Kohls/capone
PO Box 3115
Milwaukee, WI 53201-3115

Loyola University Medical Center
PO Box 95009
Chicago, IL 60694-5009

MacNeal Hospital
3249 Oak Park Ave
Berwyn, IL 60402-3429

Metropolitan Advanced Radio S
1362 Paysphere Cir
Chicago, IL 60674-0013

Meyer Njus Tanick, PA
330 2nd Ave S Ste 350
Minneapolis, MN 55401-2212

Midland Credit Management, Inc.
2365 Northside Dr Ste 300
San Diego, CA 92108-2709

Midwest Orthopedics at Rush LL
PO Box 3087
Carol Stream, IL 60132-3087

Nationwide Credit & Collection
c/o Evergreen Bank Group
PO Box 3219
Oak Brook, IL 60522-3219

Navient
Attn: Bankruptcy
PO Box 9500
Wilkes-Barr, PA 18873

Navient Solutions Inc
PO Box 9500
Wilkes Barre, PA 18773-9500

Nelnet
Nelnet Claims/Bankruptcy
PO Box 82505
Lincoln, NE 68501-2505

Nelnet Lns
PO Box 1649
Denver, CO 80201-1649

Nelnet Loans
3015 S Parker Rd
Aurora, CO 80014-2904

Nelnet Loans
Nelnet Claims
PO Box 82505
Lincoln, NE 68501-2505

NuMark Credit Union
PO Box 790408
Saint Louis, MO 63179-0408

Phillips & Cohen Associates
Mail Stop: 661
1002 Justison St Stop 661
Wilmington, DE 19801-5148

Radadvantage Illinois, PC
PO Box 8500
Philadelphia, PA 19178-8500

Riverside Eye Corp.
7222 W Cermak Rd Ste 1
North Riverside, IL 60546-1422

RoomPlace Furniture / Comenity Bank
Comenity Bank
PO Box 182125
Columbus, OH 43218-2125

Santander Consumer USA
PO Box 1984
Carmel, IN 46082-1984

Sears/Cbna
PO Box 6282
Sioux Falls, SD 57117-6282

Sophia E Welykyj MD
7234 Ogden Ave Ste 1-S
Riverside, IL 60546-2269

Syncb/Care Credit
C/o
PO Box 965036
Orlando, FL 32896-5036

Syncb/jc Penney Dc
PO Box 965007
Orlando, FL 32896-5007

Syncb/jcp
PO Box 965007
Orlando, FL 32896-5007

Syncb/lord & Tay
PO Box 965015
Orlando, FL 32896-5015

Syncb/Lord & Taylor
Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896-5060

Syncb/lundstrom
C/o
PO Box 965036
Orlando, FL 32896-5036

Syncb/Pearle Vision
C/o
PO Box 965036
Orlando, FL 32896-5036

Syncb/Sams Club
PO Box 965005
Orlando, FL 32896-5005

Syncb/Sync Bank Sport
C/o
PO Box 965036
Orlando, FL 32896-5036

Synchrony Bank / Hh Gregg
Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896-5060

Synchrony Bank/ Hh Gregg
Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896-5060

Synchrony Bank/ Jc Penney
Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896-5060

Synchrony Bank/ Jc Penneys
Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896-5060

Synchrony Bank/ Money Sport
Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896-5060

Synchrony Bank/Pearle
Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896-5060

Synchrony Bank/Sams
Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896-5060

Target
C/O Financial & Retail Srvs Mailstopn BT
PO Box 9475
Minneapolis, MN 55440-9475

Target
Bankruptcy Department
PO Box 1327
Minneapolis, MN 55440-1327

TD Bank USA, N.A.
Attn: Bankruptcy Department
PO Box 1327
Minneapolis, MN 55440-1327

Td Bank USA/Targetcred
PO Box 673
Minneapolis, MN 55440-0673

Thd/Cbna
PO Box 6497
Sioux Falls, SD 57117-6497

US Dep Ed
PO Box 5609
Greenville, TX 75403-5609

US Dept of Education
Attn: Bankruptcy
PO Box 16448
Saint Paul, MN 55116-0448

VHS of Illinois Inc
2384 Paysphere Cir
Chicago, IL 60674-0023

VHS of Illinois Inc.
PO Box 2384
Chicago, IL 60690-2384

Visa Dept Store National Bank/Macy's
Attn: Bankruptcy
PO Box 8053
Mason, OH 45040-8053

Wells Fargo Bank
PO Box 10438
Des Moines, IA 50306-0438

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | |
|-------------------|--------------------|
| \$1,167 | filing fee |
| + \$550 | administrative fee |
| \$1,717 total fee | |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | |
|-------|----------------------------|
| \$200 | filing fee |
| + | \$75 administrative fee |
| | \$275 total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | |
|-------|----------------------------|
| \$235 | filing fee |
| + | \$75 administrative fee |
| | \$310 total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

IN RE:

Cerda, Rose Marie & Cerda, Alonzo

Debtor(s)

Case No. _____

Chapter 7 _____

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Cerda, Rose Marie & Cerda, Alonzo

Printed Name(s) of Debtor(s)

X /s/ Rose Marie Cerda

Signature of Debtor

7/22/2018

Date

Case No. (if known) _____

X /s/ Alonzo Cerda

Signature of Joint Debtor (if any)

7/22/2018

Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.